

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1132

FILED JAN 21 1949

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5560 Registrar's No. 1

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Township #27	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Willow Springs R#2, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Emma	b. (Middle) Jane	c. (Last) INSKEEP	4. DATE OF DEATH (Month) (Day) (Year) Jan. 5, 1949.
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10/24/1871.	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 2 Days 13	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) St. Claire County, Mo.	12. CITIZEN OF WHAT COUNTRY? No.
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13a. FATHER'S NAME Sol Boots	13b. MOTHER'S MAIDEN NAME Sarah Anderson	14. NAME OF HUSBAND OR WIFE Harry M. Inskeep
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME H.R. Inskeep ADDRESS Willow Spgs. R#2, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Anterior
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerular nephritis & uremia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Jan 4**, 19**49**, to _____, 19____, that I last saw the deceased alive on **Jan 4**, 19**49**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE R.E. Mussen (Degree or title) H. D.	23b. ADDRESS Willow Springs, Mo.	23c. DATE SIGNED 1/6/49.
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/7/49.	24c. NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery	24d. LOCATION (City, town, or county) (State) Willow Springs R#2, Mo.
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DATE REC'D BY LOCAL REG. Jan 7, 1949	REGISTRAR'S SIGNATURE Marshallie Ballard	25. FUNERAL DIRECTOR'S SIGNATURE Burns Funeral Home ADDRESS Willow Spg. Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Fred W. Barnes,

Student Embalmer No. #244

working under my personal supervision.

Signed *Fred W. Barnes*
Student Embalmer

Signed *T.R. Burns*
T.R. Burns

Licensed Embalmer No. 4214

P. O. Address Willow Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.